PRINTED: 09/16/2015 FORM APPROVED OMB NO. 0938-0391

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | ` ' | TIPLE CONSTRUCTION ING 02, 03 | | (X3) DATE SURVEY COMPLETED | |
|---|--|--|--------------------|--------------------------------------|---|-------------------------------|----------------------------|
| | | 155280 | B. WING | | | R 09/08/2015 | |
| NAME OF PROVIDER OR SUPPLIER | | | | STR | REET ADDRESS, CITY, STATE, ZIP CODE | 1 03/ | 00/2015 |
| NAME OF PROVIDER OR SUPPLIER | | | | | | | |
| WATERS OF DILLSBORO-ROSS MANOR, THE | | | | 12803 LENOVER ST DILLSBORO, IN 47018 | | | |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | | ID PREFI TAG | | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | | (X5) COMPLETION DATE |
| {K 000} | INITIAL COMMENTS | 3 | {K (| (000 | | | |
| | and a Post Survey R Safety Code Recertif Survey conducted or the Indiana State De accordance with 42 0 Survey Date: 09/08/ Facility Number: 000 Provider Number: 18 AIM Number: 10027 At this FSES and PS Dillsboro-Ross Mano with NFPA (National 101A, Chapter 4, Fire for Health Care Occu PSR to the Life Safet Licensure Survey col Achieving a passing for Health Care Occu of NFPA 101A, Alterr Safety, 2001 Edition, level of Life Safety at prescribed by NFPA original Waters of Dil Manor buildings were Existing Health Care annual survey. The Waters of Dillsbot two separate building a two story facility wa | 15 0178 55280 | | | | | |
| | · · | nor, a one story facility was ne V (111) construction and | | | | | |
| ABORATORY | DIRECTOR'S OR PROVIDER/ | SUPPLIER REPRESENTATIVE'S SIGNATUR | | | TITLE | | (X6) DATE |

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

PRINTED: 09/16/2015 FORM APPROVED OMB NO. 0938-0391 (X3) DATE SURVEY

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION A. BUILDING 02, 03 | | (X3) DATE SURVEY COMPLETED | | |
|---|---|--|--|---------|---------------------------------------|----------------------------|---------|
| | | 155280 | B. WING | | | R | |
| NAME OF PROVIDER OR SUPPLIER | | 133230 | 2: | | STREET ADDRESS, CITY, STATE, ZIP CODE | 09/ | 08/2015 |
| NAIVIE OF PR | ROVIDER OR SUPPLIER | | | | | | |
| WATERS (| OF DILLSBORO-ROSS M | IANOR, THE | | | 12803 LENOVER ST | | |
| | | | | | DILLSBORO, IN 47018 | | |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | | ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD TAG CROSS-REFERENCED TO THE APPROPR DEFICIENCY) | | | (X5) COMPLETION DATE | |
| {K 000} | Continued From page 1 fully sprinkled. Both facilities have a fire alarm system with smoke detection on all levels of the Waters of Dillsboro building and Ross Manor building including the corridors, spaces open to the corridors, and battery operated smoke detectors in all resident sleeping rooms in the Waters of Dillsboro building and the Ross Manor building. The Waters of Dillsboro-Ross Manor has a capacity of 123 and had a census of 82 at the time of this visit. All areas where residents have customary access were sprinkled and all areas providing facility services were sprinkled. Quality Review completed on 09/14/15 - DA NFPA 101 LIFE SAFETY CODE STANDARD | | {K 000 | | | | |
| SS=F | Building construction of the following. 19.1 19.3.5.1 This STANDARD is r Based on observation failed to ensure 1 of 2 a 1 hour rated floor st practice affects 61 res Waters of Dillsboro buildings include: Based on a tour of the building basement on | type and height meets one .6.2, 19.1.6.3, 19.1.6.4, not met as evidenced by: n and interview, the facility the floors was constructed with ructure. This deficient sidents who reside in the uilding. | į (V | , , , , | "Correction obviated. Passed FSES." | | |

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION A. BUILDING 02, 03 | | (X3) DATE SURVEY COMPLETED | | | |
|---|--|---|--|----------|---|-----------------|--------------------|--|
| | | 155280 | B. WING | | | R 09/08/2015 | | |
| NAME OF PROVIDER OR SUPPLIER | | 100200 | | | STREET ADDRESS, CITY, STATE, ZIP CODE | 1 09/ | 00/2015 | |
| | to the Little of the Little | | | | 12803 LENOVER ST | | | |
| WATERS (| OF DILLSBORO-ROSS M | IANOR, THE | | | DILLSBORO, IN 47018 | | | |
| (X4) ID | SUMMARY STA | ATEMENT OF DEFICIENCIES | ID | <u> </u> | PROVIDER'S PLAN OF CORRECTION | | (X5) | |
| PREFIX | PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL | | PREF | | X (EACH CORRECTIVE ACTION SHOULD B | | COMPLETION DATE | |
| TAG | REGULATORY OR LSC IDENTIFYING INFORMATION) | | | 1 | CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | | | |
| | | | | | | | | |
| {K 012} | Continued From page | 2 | {K 012 | | } | | | |
| | exposed wood floor jo | pists throughout the entire | | | | | | |
| | basement with no inte | erior finish covering the | | | | | | |
| | _ | The basement was used as | | | | | | |
| | | hop, storage location, and | | | | | | |
| | laundry. Based on ar | | | | | | | |
| | | sor on 09/08/15 at 10:00 constructed of one half inch | | | | | | |
| | | oring throughout the first | | | | | | |
| | | I material. The basement | | | | | | |
| | | our construction was verified | | | | | | |
| | _ | upervisor at the time of | | | | | | |
| | observations and ack | sor at the exit conference on | | | | | | |
| | 09/08/15 at 10:55 a.m | | | | | | | |
| | 3.1-19(b) | | | | | | | |
| {K 000} | INITIAL COMMENTS | | {K (| 000 | } | | | |
| | | | | | | | | |
| | | tion System (FSES) Survey | | | | | | |
| and a Post Survey Re Safety Code Recertific | | | | | | | | |
| | | 07/23/15 was conducted by | | | | | | |
| | the Indiana State Dep | | | | | | | |
| | accordance with 42 C | | | | | | | |
| | | , | | | | | | |
| | Survey Date: 09/08/1 | 15 | | | | | | |
| | Facility Number: 000 | 178 | | | | | | |
| | Provider Number: 15 | | | | | | | |
| | AIM Number: 100273 | 3840 | | | | | | |
| | At this ESES and DO | Pauryou The Weters of | | | | | | |
| | | R survey, The Waters of was found in compliance | | | | | | |
| | with Requirements for | | | | | | | |
| | | 2 CFR Subpart 483.70(a), | | | | | | |
| | Life Safety from Fire a | and the 2000 edition of the | | | | | | |
| | | on Association (NFPA) 101, | | | | | | |
| | Life Safety Code and | I 410 IAC 16.2. The 2010 | | | | | | |

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | IDENTIFICATION NUMBER: | | 2) MULTIPLE CONSTRUCTION BUILDING 02, 03 | | | (X3) DATE SURVEY COMPLETED | |
|---|--|------------------------|---------|--|-----------------|---------------|-------------------------------|--|
| 155280 | | | B. WING | | R 09/08/2015 | | | |
| NAME OF PROVIDER OR SUPPLIER WATERS OF DILLSBORO-ROSS MANOR, THE | | | | STREET ADDRESS, CITY, STATE, ZIP CODE 12803 LENOVER ST DILLSBORO, IN 47018 | | | | |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | | I | ID PROVIDER'S PLAN OF CORRECT PREFIX (EACH CORRECTIVE ACTION SHOUT CROSS-REFERENCED TO THE APPRIOR DEFICIENCY) | | BE COMPLETION | | |
| {K 000} | | | {K C | 000} | | | | |